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Official Journal College of Medicine, University of Nebraska,
OMAHA, NEB.

VOL. VI.

FEBRUARY, 1903.

NO. 6.

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GEORGE L. STRADER, M. D.

THE PULSE.

VOLUME VI

FEBRUARY, 1903

NUMBER 6

CORNEAL INJURIES.

GEO. L. STRADER, M. D.

A very large percentage of the accident cases coming to the physician for treatment, are those of injuries to the cornea, caused by foreign bodies, injuries by cornstalks, weeds, finger nail scratches, gun-powder, etc. While the greater proportion of these injuries get well under the simple methods of home treatment, a limited number of what at first seem trifling injuries become infected and end very disastrously to the injured cornea. Fortunately this class is not a large one, when compared with the total number of corneal injuries, but it is sufficiently large to make the careful physician guard his prognosis, in every case of corneal injury coming to him for treatment. Every wound of the cornea, whether from a foreign body or from anything that destroys the integrity of the corneal epithelium, should be considered and treated as a suspicious wound until all danger from infection has passed.

Most corneal injuries are caused by foreign bodies, and the danger of these injuries depends upon any one or all of the following factors: the presence of pathogenic germs in the conjunctival sac, the depth to which the foreign body penetrates the cornea, the length of time it remains in the wound, and upon whether infective germs are carried in with it.

To illustrate the point I wish to make regarding the prognosis of these cases, I shall make brief reference to three of Dr. Gifford's cases that I have seen:

First—Mr. A. Right cornea slightly cut by the bursting of a soda water bottle. He was seen shortly after receiving the injury. Inspection showed a short cut which was apparently not deep. He was given a boracic acid solution to drop into the eye and instructed in the use of hot fomentations. On his return next morning the edges of the wound were deeply infiltrated.

there was congestion photophobia, lachrymation and pain. Before this ulcer was checked it had spread over nearly the entire cornea, the eye, after recovery, being of little use, because of the resulting leucoma.

Case No. 2—Mr. L. Employed in a glue factory; while feeding a crusher was struck in right eye by a small fragment of glue, which was removed by his family physician. Five days later he came to Dr. Gifford, with a central corneal ulcer, deep congestion, hypopion, and severe pain. He was at once sent to the hospital, but everything done to check the ulcer failed, until all but the outer rim of cornea had been destroyed. An iridectomy enables him to count fingers, excentrically, at a distance of a few feet.

Case No. 3—(Name not recalled). Struck in right cornea by the end of a broken violin string. Came to Omaha few days later. Eye intensely and deeply congested; chemosis; severe pain. Few days later panophthalmitis developed and the eye was eviscerated. In the cases referred to it will be seen that apparently slight injuries resulted in the loss of one of the eyes and the practical loss of the other two.

Treatment of Foreign Bodies—Most foreign bodies are easily removed. The eye should be cocainized with a 4% solution of cocaine. If the foreign body is not too deeply imbedded the easiest and safest way is to remove it with a stream of water. A syringe for this purpose is made of an atomizer bulb and a glass tube, the nozzle end of which has been drawn out so that it will throw a stream not larger than a knitting needle. The lids are held apart with the fingers of one hand while with the other a stream of water is directed with considerable force against the foreign body. If it can be dislodged in this way, no additional injury has been done the cornea and recovery is consequently hastened. This method is especially valuable in those cases in which a large number of very fine particles have found lodgment in the cornea.

When it is necessary to remove the foreign body with a spud, the aid of a strong lens is often necessary. The patient

should be made to open both eyes and fix them on some object, otherwise the eye will be constantly moving, making the removal of the foreign body difficult and additional wounding of the cornea probable. With small or timid children a general anesthetic is usually necessary, for safety.

After the removal of the offending substance the patient should be given a solution of boracic acid, fifteen to twenty grains, to the ounce, to drop into the eye every two or three hours, and directions for hot applications on the eye fifteen to twenty-five minutes three times a day.

The directions should be as follows: Have two cloths or handkerchiefs and a basin of hot water, as hot as can be borne without scalding. Keep one cloth in the water while the other is being applied to the eye. Change every half minute, not allowing the cloth to remain on the eye until it begins to feel cool.

Unless the physician insists that the patient pay strict attention to the details in applying hot water it is, as a rule, poorly done, and the results are not satisfactory. If the wound seems serious, or if there is much irritation, a moist dressing should be applied between times.

The use of cocaine in these cases to relieve pain is bad practice, as the cocaine softens the corneal epithelium and thus aids infection.

Before closing this paper I wish to mention two or three corneal wounds that are sometimes the occasion of a mistake in diagnosis:

The scales of seeds or seedcaps sometimes adheres to the cornea by their concave surfaces and setting up more or less irritation are mistaken for ulcers. I have seen several such cases which had been treated for ulcers for periods varying from a week to several months. In one case the seedcap had eroded its way entirely through the cornea, letting out the aqueous. The diagnosis in these cases is usually easily made with the aid of a strong lens. After removal of the cap recovery is ordinarily prompt.

Occasionally a patient comes to you with a mild inflamma-

tion of the eye, but without a history of a foreign body, and if questioned in this regard may be quite positive that nothing has gotten into his eye. The physician should not take this for granted, for his reputation may depend upon a careful examination which discloses the cause of the trouble to be a very small foreign body, whose removal effects a cure of what otherwise might be a puzzling condition.

When foreign bodies, such as cinders, fragments of emery or steel, strike the cornea while hot, they leave on their removal a ring of brown tissue which to the naked eye looks like a foreign body, but under the lens a clear center can be made out, this clear center being diagnostic between the burn of the foreign body and the body itself.

In a short paper of this kind, it is impossible to go into the treatment of wounds, the writer's aim being to mention a few things that may be done to prevent or limit the infective destruction of the cornea.

PROPHYLAXIS OF THE A. B. AND S.

N. J. RICE, M. D.

The medicine of the future we are told is to be of a prophylactic nature. Good authorities mention among the etiological factors of many diseases the depressing effects of either acute or chronic constipation as the main cause of much sickness. Not only does this apply to affections of the alimentary canal, but to numberless reflex nervous troubles. Few would care to deny that uterine, ovarian, and nephritic functions are disturbed while tubercular, rheumatic and various other poisons are greatly encouraged by imperfect evacuations; to such an extent that had proper care been exerted in this particular, the disease itself might have been averted. Someone has truly said that the description of man is incomplete without adding the phrase, "He is a constipated animal."

The higher our civilization, the more refined our food prod-

ucts, until we attempt to introduce into our stomachs ground, sifted, triturated, and even predigested products.

The natural result of all this is most assuredly a lazy, sluggish, clogged, constipated "*primae viae*."

It must be admitted that the sum total of the income of the medical profession would be very materially reduced were this not the fact in the case. "Keep your bowels open and your conscience clean," is golden advice indeed to health seekers and preservers.

An M. D. of the "Homoeulous" variety recently said that constipation was constantly cured by them with minute doses of *opium*. He quietly added that he would need several months to accomplish the results and must have entire control of his patient's diet. This is certainly begging the question, for this would necessitate a radical change in our whole culinary system as well as the business life of quite a large percentage of our population. Meanwhile we are called upon to deal with this old world as we find it, and we must do the best we can for our patients.

The makers of patent nostrums are wise enough to incorporate into their products some laxative element and to this quality must be attributed their virtue if they possess any. For acute constipation, any good cathartic is permissible and will relieve many distressing symptoms, but the chronic form is entirely different—much more care is necessary in the selection of remedies. It is no uncommon thing to hear from the patient, "Yes, I am always constipated and have taken *everything* for relief and my latter end is worse than in the beginning. Don't give me anything for this trouble for it always makes me worse." It is your duty to explain in detail how you appreciate his condition and tell him the difference between a cathartic and a tonic laxative, and the necessity and certainty of cure if he will follow the rational plan. There are, no doubt, many ways of accomplishing this result, but the plan we wish to discuss is the rationale and the technique of the A. B. and S. formulae—of which there are many—but in the most, these still remain as the basis.

In the aloin we have an intestinal irritant—a mild whip to

these slow intestinal muscles. In strychnia we have a tonic to the accelerators, while the belladonna relaxes the inhibitors.

By the aid of these the essential habit—the daily stool which is the first necessity of good health, becomes fixed. Many are justly afraid of the pill habit. Assure you patient that the longer he takes the A. B. and S. the less necessity there will be for their use and gradual reduction, reasonable regulation of diet, the habitual time for stool and the thorough evacuation will become a part of his life. He will be free from his old enemy and peace destroyer—*Constipation*.

Occasionally we find those in adult life who can recall none other than a constipated habit. In such cases the drugs given for long periods in very minute pellets, after the manner of Dr. Waugh's formula, I have found highly satisfactory. Six—more or less—given regularly before each meal, then five, then four—gradually reducing as possible, remembering always to produce one good stool each day. Remember to prescribe for this chronic trouble the remedy in such quantities as will be of some benefit. A dozen or two pills will be of little avail and your patron will return disgusted. Urge regularity in taking as well as steady reduction in quantity and results will be universally satisfactory. I have used thousands of Duncan's and other formulae of the A. B. and S. variety and do not know of anything that can produce more satisfactory results to patient and physician than judicious prescribing of the same.



Clinical Department

CHAS. H. ROOT, '03, Editor.



Despite the inclement weather of the past month the clinic at the college building has been excellent, both in quality and in quantity. Especially is this true of the eye clinic, which has been well attended by patients, but has received but scanty attention from the students. This condition arises not so much from indifference on the part of the student body as it does from a failure on the part of the authorities to make proper provision for the assignment of small sections of students who shall take their weekly turn in the eye and ear room, where many small but important details might be learned which would stand the prospective practitioners in good stead, when they get out into practice.

We are pleased to note that both Dr. Bridges and Dr. Milroy are now holding special clinics at the Methodist and County hospitals for small sections of the senior class. This is much appreciated by all members of the graduating class who realize that the best way to learn how to practice medicine is to get the practical points from a practical man at the bedside of the patient.

An interesting case recently seen in Dr. Milroy's clinic at the college was that of a hearty, robust appearing man of about forty, who gave the following history: He had always been a hard-working man, doing exceedingly heavy work, which in his opinion necessitated the free use of alcoholic stimulants. About two years ago he began to notice a sharp pain in the region of the heart, which was made worse by twisting his body to the right and extending both hands in the same direction. About this time he ceased to resort to his favorite stimulant as frequently as had been his custom, but the pain still continued. Last summer while sitting in a chair after a slight exertion he became unconscious and fell over, remaining in this condition for about two hours, when he regained consciousness, and has since had no recurrence. During the attack there was no paralysis or spasm. Since then he has at times felt dizzy and the pain in the chest is worse after he has slept some little time. Upon

examination his urine was found to be normal, heart slightly hypertrophied, but no valvular lesion, arteries slightly arteromatous. Diagnosis: Arterio-sclerosis.

Among the legacies of foetal life inherited by some of us are branchial cysts caused by a failure of one of the branchial clefts to properly close during the development of the foetus. Such a case was recently seen in a man thirty-five years old at the Methodist hospital. A swelling was noted in the lower angle of the left submaxillary triangle which had been present for the past few years. Previous to the appearance of the swelling, from boyhood up, at irregular intervals an opening over the site of the cyst would appear, from which would flow a clear mucoid material. Upon opening the neck a cyst was found burrowing down into the neck which upon removal was found to be about three inches long and about an inch in diameter and containing a mucoid material, showing itself to be a tubulo-cyst of the branchial cleft.

Dr. John T. Pringle, of the class of '95, located at Pierce, Neb., is going to New York about the first of May to take post-graduate work until October. He is desirous of securing a graduate from our College of Medicine to look after his practice during this time and would also like the company of another in New York.

THE PULSE.

VOLUME 6

NUMBER 6

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IT IS NOT always the accomplishment of the greater things
that makes the general practitioner of most value to his patients.
The ability to recognize and cope with what seems trivial is of
vital importance and finds a good illustration in Dr. Strader's ex-
cellent paper on "Corneal Injuries." Through his association
with Dr. Gifford, he has met many of these cases and his observa-
tions should be of great value to us.

* * *

ON THE 13th and 14th inst. the biennial national convention
of the Phi Rho Sigma fraternity was held in Chicago. Thirteen
chapters of the organization in various medical colleges of the
country were represented. Dr. B. W. Christie and R. A. Knode
were delegates from Iota and the gentlemen report an excellent
meeting and speak highly of their Chicago entertainers.

* * *

WE ARE PLEASED to note the reopening of the Presbyterian
hospital, which has for some months been closed. Dr. Esther A.
Ryerson, formerly in attendance at our school and recently grad-
uated from P. and S. of Chicago, also a graduate nurse is in
charge. Although the hospital is well equipped, considerable
money is being spent in the way of repairs. The nurses' training

school in connection will give a two years' course. There is certainly a place for this institution in the city, and although the staff has not been definitely chosen and final arrangements are incomplete, we predict unbounded success.

* * *

THE THIRTY-FOURTH Annual Charter Day and Midwinter Commencement Exercises of the University were held the 14th and 16th at Lincoln. "Promising Phases of Education" was the subject of the Charter Day oration delivered by Rr. Frank W. Gunsaulus of Chicago.

Among the thirty-six candidates for degrees, there was one from the College of Medicine—Harry W. Benson. Dr. Benson carried his work here with the last year's graduating class, but was unable to finish with them as he entered after the holidays in his freshman year. However, the affiliation with the University and the new regime made it possible for him to finish at this time and go on record as the first graduate of the College of Medicine of the University. During the past summer the Dr. acted as assistant physician in the Institution for Feeble Minded at Glenwood, Iowa. Since completing his school work a number of openings have presented themselves and he has chosen that of physician in the Institution at Beatrice where he is already pleasantly located.

We congratulate the Dr. on his recent successes and bespeak for him a profitable career in the highest sense of the term.

* * *

THE SUGGESTION ADVANCED in the Faculty Notes of our last issue, regarding the formation of a Medical Society in the school, to us seems a good one. We regret that as yet no definite action along this line has been taken. The writing of papers on medical topics and open discussions would be highly instructive to the participants and while perhaps not of value from a scientific point of view, still the application and investigation necessary to successfully accomplish the work would be of inestimable value in developing the student for medical society work after graduation. Again we reiterate—don't let this suggestion, advanced by one so competent to advise as Dr. Milroy, drop without your serious thought.

* * *

ABOUT THIS TIME of year the senior student begins to cast around for a location. The end is near and "the real thing" will soon stare him in the face. The accoutrements of success we

notice are taking various forms. Some consider a hairy growth upon the face essential. Others feel the need of a little more "larnin" and propose to take a "post" course. Now and then one lets out that he has supplied himself with the instruments necessary for a craniotomy or "gastro-hysterectomy," while still others express their earnest attention for business by "butting in" continually at clinic. (This last is not limited to the seniors.) Omaha will not be large enough to hold some, while others will be satisfied with a town of a thousand, if it has a good country around and not more than one competitor—preferably well along in years. We are pleased to notice the stand taken by the boys in regard to the so-called "knocking." They seem to be pretty well united in the idea—that running down a competitor does not invite success. At least one has heard that "a specialist does not require as broad a knowledge as the general practitioner," so has headed that way, and we hear he has had his "assistant" picked for some time. The pecuniary side is prominent with some but it is a good omen when most of the class feel it their duty to care for suffering humanity as it presents itself—the fee being a minor consideration.

What may not result from such a variety of lofty ambitions? May they grow in the coming busy months—and years, and crystallize into the highest ideals of our profession.

* * *

WE ARE GLAD to present to our readers this month a most excellent paper on "*Prophylaxis of the A. B. and S.*" by Dr. N. J. Rice, associate professor in the chair of Materia Medica and Therapeutics. These "paragraphs praising a pill" are well grounded. Try them and be convinced, if you have not already.

* * *

AT LAST THE legislature has made a move toward suitable requirements for medical practitioners in Nebraska. The least illiterate state in the Union has been one of the last to recognize that with higher standards around us we have become a dumping ground for the so-called "faith healers," "scientists," "osteopaths," "magnetic healers," and quacks and charlatans of every kind, color and sex. We don't want men from our school or any other to practice here who are not able to pass a fair examination given by a state board. Let the good work go on down there at Lincoln—we won't care if that osteopath bill comes up again.



Class Notes



SENIOR NOTES.

OLIVER CHAMBERS, '03.

As yet the Seniors have found little trouble in making a diagnosis of cases presented thus far at the clinics, and the treatment has been easy. It is strange how soon a doctor falls into a routine course of treatment for all diseases. The following are a few examples of the treatment advised by some of our class:

Treatment of eclampsia—"Begin treatment before the mother is born."—Wherry.

General treatment first, last and always as prescribed by Root is "Bleeding and Shaving."

The secondary symptoms of any disease, according to Townsend, are of the greatest importance as regards treatment. First, because the doctor's treatment is at stake, and character as well, and second, in order to abort the tertiary symptoms which may be manifest even in a third person and upon inspection give the appearance of a dusky blue color, being aggressive and symmetrical. Upon the forehead are found the pathognomonic diagnostic symptoms—an irregular gold tinted bulletin, which is recognized immediately as "Metropolitan Police."

Whether there is anything in a name or not is still a question with many. During the past month a member of our class has been carrying the burden of a joke because another man with the same name, who resides in Omaha, was gaining newspaper notoriety as a suspected criminal.

Fortune—or literally speaking, Mayor Moores—has smiled upon V. V. Vance of our class and appointed him police surgeon.

For the second time this year our classmate, Frank Jensen, was called to his home in El Reno, Okl. About two months ago it was on account of the death of his mother. This time he arrived a few hours before his sister's death, caused by puerperal fever. In behalf of the senior class, as its editor, I wish to express our sympathy in this time of bereavement.

The first of the month, J. W. B. Smith spent a few days at Bennington taking care of Dr. Hall's practice. Day and night alike found the young doctor busy.

Miss Nielson spent a week in Blair, Nebraska, visiting and

incidentally doing a little practicing. She reports having a good time with her friends.

The musical talent of the class is making an effort to revive the singing of ballads. The first effort was a production taken from the old hymn, "Even Me," which is sung as follows:

"Even Marie, even Ma, even Chris has left me now."

Maxine Koetter is at present playing the role of "Foxye Grandpa." It is a very catching play of two acts and is at present making quite a hit at the college. The first act is a home scene with grandpa sitting around a hard coal burner nursing a sprained ankle. The snow is falling fast out of doors and grandpa has a contented look upon his face as he thinks of how he is making the world believe his story. Act II. opens with a scene of grandpa with cane in hand limping into the lecture room and taking a back seat. The scene closes with grandpa putting himself in the professor's way and a hand-shaking ensues with grandpa congratulating himself on his own return.

The prodigal son has at last returned home. Soon after the holidays this student took his portion of kidney, and a little more, and wandered out to the Immanuel Hospital. It was here that the surgeon took from the student all that he seemeth to have, but let him off without anchoring his kidney. After the student had been given an enema he came to himself, ate poached eggs and toast, and said to the nurse, "Give me my hat and coat so that I may take a smoke." Verily, he arose, left that hospital and when he was yet on the back seat the boys in sleepy row lifted up their eyes and beheld Prodigally Eddy.

JUNIOR NOTES.

ISADOR S. TROSTLER, '04.

The newspapers have been commenting upon the number of objections being raised, by medical students, against the proposed new law governing the admission to medical practice in Nebraska. While there may be some dissatisfaction in regard to the matter the Junior class, which will be the first class from this college to be affected, recognize the value of the new law and refrain from making any remonstrance against it.

Nebraska has been the dumping ground for quacks for many years and the sooner proper restrictions are made against this class of medical parasites, the better it will be for the legitimate practitioner.

One of the Omaha papers recently published a couple of

photographs and a number of idiotic stories, purporting to come from this college. The writer was "talking through his hat," as nothing that was mentioned occurred at the O. M. C., and even the photos were taken at another medical college.

E. A. Merritt's better-half presented him with a nine pound daughter on January 28th. Papa is happy and says that the child and mother are doing well.

A member of the Junior class has "taken to" going south quite frequently. Something doing, Tom?

Prof.—Did you ever have a boil? Setag (seriously)—No, thank you.

"Sometimes the infection enters the system through the respiratory tract and sometimes through the air we breathe."—U. B. Trebor.

Surgical quiz: "Give an example of a chronic ulcer." Trauts: "A varicocele ulcer."

Rennep, Jr., says: "The perforation of the membrana tympani is sometimes in *Scarpa's triangle*."

What a lot of "kicking" there would be if Eby's treatment for furuncles should become popular.

It must have been a close shave for the lady when V. P. Johnny called on her with his "razzer" in his pocket.

"Make free incisions and charge for them."—D. C. Yaj.

While Fritz's looks justify it, we were nevertheless startled to hear Dr. K. address him as "*Mr. Benign*."

"I answered already, Doctor."—D. P. Yor.

Prof. (demonstrating on Dad M.): "This is only a dummy * *"

Prof. (quizzing): "What is a good food for nourishing a patient per rectum?" Jej. Joey: "Cerium oxalate."

Moike sez, he sez, sez he: "Ther prognosis phur threatment is good, but phur cure it's bad, b'gobs."

The following was found on one of the seats at an hour following a Junior lecture. From the context it properly belongs with the Junior notes, but was too late for the class editor. We take the liberty to insert it here.—Ed.

ODE (OWED) TO "IZZY."

BY DER SCHUNIORS.

Who vas it writes up all our "breaks,"
Und liberties mit candor dakes,
Und ven dot fails, makes up some fakes?
Dot's "Izzy."

Who vas it, ven our Doctor S——ks
 Relates some mighty funny shokes—
 Butts in at vonce about *his* "folks,"
 But "Izzy?"

Who vas it ven he falls down schtairs,
 Und hurts his knee, shust ribps und schwares,
 Und says, "py chinks"—he'll have rebairs?
 Dot's "Izzy."

Who vas it ven ve go to quiz,
 Looks inocent, und full of biz,
 Schtill is der vorst von dot der is?
 It's "Izzy."

But schtill ve like him most der best
 Off any veller in der vest,
 Although he is a perfect pest—
 Our "Izzy."

SOPHOMORE NOTES.

The hygiene class under the direction of Dr. Towne tested the ventilating apparatus of the Pacific School about the time the last issue of THE PULSE went to press, therefore the report was held over for this number. We found the heating apparatus very good for a school building, especially after considering the arrangement of the rooms. Still with a cold north wind it would be hard to heat the north side. The rooms are heated by the Steam Indirect or Gravity system.

As to the ventilation—we found by means of the aerometer a current of air $3\frac{1}{2}$ ft. x $1\frac{1}{2}$ ft. entering one room with a velocity of about 5 ft. per second. This would supply the room with 94,500 cubic feet per hour on the average. The room had seating capacity of about forty, while it was estimated that the average enrollment was about thirty. This gives each pupil about 3,151 cubic feet of fresh air per hour, which is considered enough. Although the ventilation is not at all times this favorable it shows that the pupils can easily be supplied with plenty of fresh air, especially in cold weather. This, of course, will not be as good in warm weather, but the condition was even better than we expected.

The seat nearest the returning flue showed a current of 12 feet in 15 seconds, which was not one-half as fast as might be and still be within the laws of hygiene. Our time being limited we did not stop to test the other rooms. The class seemed greatly interested (especially one who looked through the crack in the door to see the school marim in the next room) and no doubt every member could now make a scientific examination of any building and tell with accuracy if each inhabitant was receiving a sufficient amount of that which is so free in this country.

Kennedy's bill, which was introduced in the last PULSE, has so far failed to become a law, but he is still trying hard to make it a success. He has asked the assistance of Adams and Wainwright, who have gladly consented, and all three are going at the work with vim. The latter two have a personal interest in this affair and are anxious to see it go through. They readily admit that a pair of black eyes is a beautiful thing to possess, but no half-way "doin's" here.

Dr. T. (quizzing in anatomy)—"What is the opening between the third and the fourth ventricle of the brain?"

Baker—"The Aqueductus Fallopii."

Dr. K.—"Next gentleman, where else is Caffiene obtained, from the Pullium Sarbilis and plants of the order Ternstroemiae is it not?"

Lane—"Yes, that is it. I forgot."

Wainwright don't go out toward Walnut Hill any more since the night the ugly watch dog got the chain unfastened. Why? Wainwright won't tell. Guess we will have to ask the other party.

Could you find the internal pterygoid with an ax? Rumery can.

Dr. C.—"If a blind man had taken an overdose of strychnine would a ray of light throw him into convulsions?"

Lauzer—"No."

Dr. C.—"If he was deaf, what effect?"

Lauzer—"None—he could not hear it."

Harry Wigton is now waiting for the summer vacation to come as he has a number of experiments he wants to perform and make a study of the principles involved in each. The work of the year is so heavy he does not get time. No doubt within a few years medical students will have these things in their text books all straightened out and explained fully and in the author's preface of said book may be read, "For the experiments and ex-

planations the author is greatly indebted to Dr. H. A. Wigton." The problem which Harry intends to solve at his earliest possible convenience is, we are informed, "Why do a guinea pig's eyes drop out if the pig is taken by the tail and held in mid air?" In talking on the subject he says, "Of course, it is blood pressure, but still there is something peculiar about this animal which is not fully understood and which I wish to look up for myself. This, of course, is an elaborate field of investigation, but those of you who know Harry, know he is capable of the undertaking. You have the good wishes of your classmates, Harry, and we all look forward anxiously to the time when the mystery may be cleared away.

Dr. S. (quizzing in chemistry)—"This compound is strongly alkaline, therefore it turns red litmus, which color?"

Walsh—"Blue."

Dr. S.—"Who was the first man that made urea."

Lane—"Adam."

Dr. S.—"This class is getting entirely too smart. I see I'll have to fix up a good roast for them. Take for the next lesson xenthin, quanin, adenin, allantoin, theobromine, caffiene, carbonic acid omit, take tri-atomic alcohols, the acids derivable from the glycerols, tribasic unsaturated acids, the ethers of glycerols, natural oils and fats and down the bottom of page 367. Try and *study* this lesson for a change, at least read over the head lines. This class is bum."

We are glad to have Morris and Baker, who were on the sick list for awhile, back in their places in the class ranks, and the class—like a wave of the mighty sea—is moving forward buffeting, baffling, and defeating the many obstacles which arise in the way. That is the stuff, hit her hard and we will be at least half doctors in the spring.

FRESHMAN NOTES.

Our labors in the dissecting room have ended for this year and when we pass up the parts our only excuse for not knowing our lessons will vanish. Some are desirous of postponing the passing up.

It is an old adage that you can not do two things at once and be successful. To bid a friend goodbye and keep up a conversation as a deception, Robertson found very difficult. There was a repetition of the latter also.

Remember, students, you get special rates at Beaton-McGinn Drug Co., 15th and Farnam.

The work of dissecting has begun to single out our specialists.

Surgery, Valentine, because he removed the vermiform appendix of a cadaver and took it home to show the "folks."

Female Diseases, Robertson had a patient in his freshman year. Treatment—Cold water and regulation of diet.

Diseases of the Heart, Epplen, studies murmurs with diligence, but does not treat competition according to the code of ethics.

Obstetrics, Palmer, can draw an embryo *in situ*.

We have been informed by certain would-be critics of medical colleges that the size of our class was indicative of a backward step in this institution, and that numerous class squabbles and so-called "brawls" have done their share in limiting the names on the matriculation list. This argument, if such it can be called, is very easy to refute, and even in the dawn of a medical career we consider ourselves equal to the task.

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These assertions, or intimations as they were, came clothed in ignorance or narrow-mindedness, and it may be better to pass them by unnoticed. Among people who have never considered the relative merits of medical colleges, and they are in the majority, these empty criticisms have their bearing, but among prospective medical students who have chosen their vocation for other than mercenary or social reasons, facts and not guesses are required. They are influenced by men who know and who do not draw their conclusions from false premises.

The faculty, which is the intrinsic element of our college, is considered more than the color of the bricks in the building or the polish of the fixtures, and so it was with the members of our class.

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This again brings forth the fact that the entrance requirements were raised and it is not with egotism that we emphasize it as the only reason to which the smallness of the class can be attributed.

It was the barrier that prevented the entrance of a number of applicants who have since abandoned their ideals or have sought the fulfillment of their aspirations elsewhere.

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The brawls and class squabbles alluded to exist only in the minds of those who do not understand the meaning of college spirit of class sentiment. It is true that they occasionally burst forth into a friendly overflowing, but the student who does not entertain a feeling of loyalty toward the institution from which he receives his education is too much of a weakling to study medicine and should seek solace in other walks of life.

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LINCOLN NOTES.

E. D. STANLEY, '06, EDITOR.

President—E. W. Rowe.

Vice-President—J. B. Harger.

Secretary—Miss Farnsworth.

Treasurer—L. B. Sturdevant.

These new officers of the Medical Society, elected at the meeting of February 4, are taking hold with a vim and the outlook is very promising.

The new status of the college and the untiring efforts of the retiring president, Mr. W. K. Long, have combined to put the society in the front rank of University organizations, and the present administration intend to keep it there.

It has been decided to make the meetings of more social interest, for the promotion of good-fellowship among the students of the Medical College. To this end, Misses Farnsworth and Fairchild have invited the society to meet with them next Thursday evening, and there promises to be "something doing."

Miss Gibson, Messrs. Clark, Foster, Harger and Rowe have contributed to the programs of the last two meetings.

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The new College of Medicine has turned out its first graduate. Mr. Harry Benson took his degree at the mid-winter commencement exercises in Memorial Hall, Monday evening. Few of the local students knew him, but all the medics gave him a cheer as he received his diploma from the hands of the Chancellor. May his kind increase in number.

As usual, on Charter day, the different departments were thrown open for the inspection of the public. The display of the Medical School and the zoological department, which are closely allied, was one of the best on the campus. The faculty with student assistants spent some time in arranging the exhibit. The new charts, upon which Mr. Prince has been working during the year, showed to good advantage.

The new bacteriology class is progressing finely under Dr. Waite. The members of the class are enthusiastic over their work.

The class in Comparative Anatomy started the semester's work with the gross dissection of the shark.

One of the rare cases of paralysis of respiration occurred at the Sanitarium last week. Mr. Fred Hurtz, under the influence of ether, undergoing an operation for appendicitis, ceased to breathe and was kept alive for four and one-half hours by artificial respiration. He then began to breathe normally, and is now almost out of danger.

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W. F. MILROY, M. D., Professor of Clinical Medicine and Physical Diagnosis, 312 McCague Blk. Tel. 1462. College—Wednesday, 9 to 10; Friday 1 to 2.

G. H. BICKNELL, M. D., Associate Professor of Ophthalmology and Otology, 405 Karbach Blk. Tel. 739. College—Thursday, 9 to 10.

HAROLD GIFFORD, M. D., Professor of Ophthalmology and Otology, 409 Karbach Blk. Tel. 739. College—Tuesday, 9 to 10.

A. F. JONAS, M. D., Professor of Practice of Surgery and Clinical Surgery, 317 Continental Blk. Tel. 1073. College—Monday, 1 to 2; Tuesday, 11 to 12; Friday, 11 to 12.

D. MACRAE, M. D., 252 Merriam Blk., Council Bluffs, Iowa. Professor of Railroad and Clinical Surgery. College—Friday, 4 to 5.

W. O. BRIDGES, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine, 302 Bee Bldg. Tel. 1727. Office hours: 9 to 10 a. m.; 1:30 to 3:30 p. m. College—Tuesday, 4 to 5; Thursday 4 to 5.

DONALD MACRAE, JR., M. D., Professor of General Descriptive and Surgical Anatomy, Merriam Blk., Council Bluffs. Tel. 125.

W. H. CHRISTIE, M. D., Professor of Materia Medica and Therapeutics, 48-49 Barker Blk. Tel. 832. College—Monday, 10 to 11; Thursday, 10 to 11.

H. P. JENSEN, M. D., Professor of Electro Therapeutics, 2804 Harney St. Tel. 315. College—Thursday, 3 to 4.

A. C. STOKES, A. M., M. D., Professor of Chemistry and Genito-Urinary Surgery, 202 McCague Blk. Tel. 2030. College—Tuesday, 9 to 10; Wednesday, 10 to 12; Friday, 11 to 12 and 2 to 3; Saturday, 9 to 10.

PAUL H. KOERBER, M. D., Associate Professor of Materia Medica and Therapeutics, Yutan, Neb.

H. M. M'CLANAHAN, M. D., Professor of Diseases of Children, 1312 N. Fortieth St. Tel. 1402.

A. B. SOMERS, Professor of Obstetrics, 22-23 Continental Blk. Tel. 1065. College—Monday, 2 to 3; Friday, 2 to 3.

B. B. DAVIS, Professor of Clinical Surgery and Principles of Surgery, 202 Bee Bldg. Tel. 1551. College—Tuesday, 9 to 10; Friday, 9 to 10; Wednesday, 1 to 2.

J. M. AIKIN, M. D., Clinical Professor of Nervous Disease, 401-402 Brown Blk. Tel. 1532. College—Tuesday, 2 to 3; Friday, 3 to 4.

V. L. TREYNOR, M. D., Professor of Physiology, Baldwin Blk., Council Bluffs, Ia. Tel. 1. College—Monday, 11 to 12.

PAUL H. LUDINGTON, M. D., Assistant to the Chair of Principles of Surgery, 204 Bee Bldg. College Monday, 2 to 3; Thursday, 2 to 3.

E. J. UPDEGRAFF, M. D., Room 1 Continental Blk. Tel. 495. Assistant to Chair of Practice of Surgery College, Thursday, 2 to 3. O. M. C. 1899.

GEO. MOGRIDGE, M. D., Glenwood, Ia. Lecturer of Diseases of the Feeble Minded. O. M. C. 1894.

H. B. LOWRY, M. D., Professor of Diseases of the Nervous System, Lincoln, Neb. Tel. 185. College Alternate Fridays, 3 to 4.

H. B. LEMERE, M. D., Assistant Eye, Ear, Nose and Throat Depts., 309 Paxton Blk. Tel. 685. College—Tuesday, Thursday and Saturday, 1 to 2.

R. C. MOORE, M. D., Professor Mental Diseases, 312 McCague Block, Omaha. College, Thursday, 10 to 11.

W. S. GIBBS, M. D., Professor Practice of Medicine and Clinical Medicine, 202 Brown Block. College, Monday, 4 to 5; Wednesday, 4 to 5; Thursday, 1 to 2.

Professional Directory--Continued.

ALUMNI

W. S. REILEY, M. D., Red Oak, Ia. O. M. C. '95.

MARY A. QUINCEY, M. D., Ashland, Neb. O. M. C. '96.

F. A. GRAHAM, M. D., Lincoln, Neb., 15th and O. F. & M. Bk. O. M. C. 1889.

J. W. ARCHARD, M. D., Grafton, Neb. O. M. C. 1891.

E. L. ROHLF, M. D., Waterloo, Ia. O. M. C. '00.

J. H. JESSEN, M. D., Lexington, Neb. Chief Surgeon Lexington Hospital. O. M. C. 1897.

GEO. F. PUGH, M. D., Platte Center, Neb. Telephones: Office, J152; residence, 2152, Columbus circuit, Neb. Tel. Co. No. 6--local line. O. M. C. 1897.

H. J. LEISENRING, M. D., Wayne, Neb. O. M. C. 1883.

E. J. C. SWARD, M. D., A., Oakland, Neb. O. M. C. 1896.

J. M. CURTIS, M. D., Ft. Calhoun, Neb. O. M. C. 1894.

S. G. ALLEN, M. D., Clarkson, Neb. O. M. C. 1901.

GEO. P. CLEMENTS, M. D., Albion, Neb. O. M. C. 1896.

C. F. MORSEMAN, M. D., Strang, Neb. O. M. C. 1902.

F. W. KRUSE, Sutherland, Neb. O. M. C. 1902.

M. B. M'DOWELL, M. D., Merriman, Neb. O. M. C. 1902.

F. D. HALDEMAN, M. D., Ord, Neb. O. M. C. 1882.

C. F. DIETZ, M. D., Carson, Ia. O. M. C. 1897.

DORA M. JUDKINS, M. D., Fullerton, Neb. O. M. C. 1895.

R. C. WRIGHT, M. D., Bern, Kas. O. M. C. 1898.

C. M. MacCONNELL, M. D., 121 Union Ave., Cranford, N. J. O. M. C. 1891.

A. M. TOWER, M. D., Lead, S. D. O. M. C. 1900.

A. JOHNSON, M. D., Supt. Nebraska Institute Feeble Minded Youth, Beatrice, Neb. O. M. C. 1890.

C. F. GRITZKA, M. D. Lorton, Nebraska. O. M. C. "'01."

W. H. LOECHNER, M. D., South Omaha, Nebraska. O. M. C. "'01."

B. W. CHRISTIE, M. D. R. 48, Barker Block, Omaha, Neb. O. M. C. 1902.

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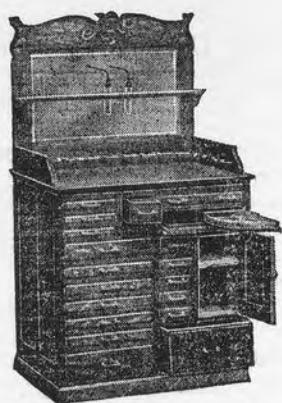
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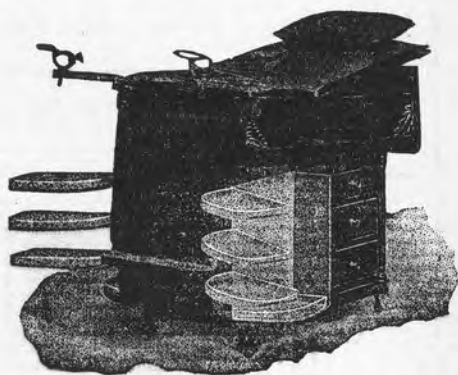
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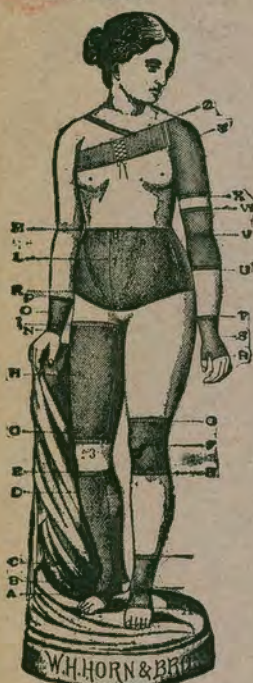
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SUPPORTERS,
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DEFORMITY
BRACES.**

PRICE TO PATIENTS

Knee Cap, extra heavy silk.....	E to G	\$ 2.50
Knee Cap, fine silk.....		2.00
Knee Cap, cotton.....		1.75
Garter Stocking, extra heavy silk.....	A to E	4.00
Garter Stocking, fine silk.....		3.00
Garter Leggings, fine silk.....		2.00
Garter Leggings, extra heavy silk.....	C to E	2.50
Garter Leggings, fine silk.....		2.00
Garter Leggings, cotton.....		1.75
Anklet, extra heavy silk.....	A to C	2.50
Anklet, fine silk.....		2.00
Anklet, cotton		1.75
Wristlets		\$1.00 to 2.00
Wristlets, with hand piece, fine silk.....		2.00
Wristlets, with hand piece, extra heavy silk.....		1.50
Shoulder Cap, heavy silk.....		8.00
Shoulder Cap, fine silk.....		7.00
Supporters, Umbilical, with pad, heavy silk		\$11.00 to 18.00
Supporters, Umbilical, with pad, cotton..		9.00 to 12.00
Supporters, Abdominal, silk.....		10.00 to 15.00
Supporters, Abdominal, cotton.....		8.00 to 10.00
Supporters, Umbilical, silk.....		8.00
Supporters, Umbilical, cotton.....		5.00
Thigh Hose, extra heavy silk.....	A to I	9.00
Thigh Hose, fine silk.....		7.50
Thigh Hose, cotton.....		5.75
Thigh hose Legging, extra heavy silk....	C to I	7.50
Thigh Hose Legging, cotton.....		5.25
Thigh Hose Legging Knee Cap, extra heavy silk	E to I	5.00
Thigh Hose Legging Knee Cap, fine silk.....		4.00
Thigh Hose Legging Knee Cap, cotton.....		3.50
Thigh Hose Piece, extra heavy silk.....	G to I	2.50
Thigh Hose Piece, fine silk.....		2.00
Thigh Hose Piece, cotton.....		1.75
Knee Stocking, extra heavy silk.....	A to G	5.75
Knee Stocking, fine silk.....		5.00
Knee Stocking, cotton.....		3.75
Knee Legging, extra heavy silk.....	C to G	5.00
Knee Legging, fine silk.....		4.00
Knee Legging, cotton.....		3.50

The H. J. PENFOLD CO.

PHYSICIANS' SUPPLIES

1408 Farnam Street

OMAHA, NEB.

Please mention the Pulse.